

**Ohio Bureau of Health  
VITAL STATISTICS  
CERTIFICATE OF ADOPTION**

Registrar's No. \_\_\_\_\_  
Birth No. 134- \_\_\_\_\_

**CHILD'S PERSONAL DATA**

1. NAME OF CHILD BEFORE ADOPTION		2. NAME OF CHILD AFTER ADOPTION	
3. PLACE OF BIRTH	4. DATE OF BIRTH	5. SEX	

**ADOPTIVE PARENTS' PERSONAL DATA**

The following information is to be given as of the date of child's birth entered in item 4.

<b>FATHER Relationship to child-(Check One)</b> <input type="checkbox"/> Adoptive Father <input type="checkbox"/> Natural Father		<b>MOTHER Relationship to Child- (Check One)</b> <input type="checkbox"/> Adoptive Mother <input type="checkbox"/> Natural Mother	
FATHER'S NAME (First, Middle, Last)		MOTHER'S MAIDEN NAME (First, Middle, Last)	
DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)	DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State of Foreign Country)
RACE (Specify-American Indian, Black, White, etc.)	ORIGIN OR DESCENT (Italian, Mexican, Puerto Rican, etc.)	RACE (Specify American Indian, Black, White, etc.)	ORIGIN OR DESCENT (Italian, Mexican, Puerto Rican, etc.)
EDUCATION (Specify only highest grade completed) Elementary/ Secondary (0-12)      College (1-4 or 5+)	OF HISPANIC ORIGIN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes-specify Cuban, Mexican, Puerto Rican, etc.)	EDUCATION (Specify only highest grade completed) Elementary/ Secondary (0-12)      College (1-4 or 5+)	OF HISPANIC ORIGIN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes-specify Cuban, Mexican, Puerto Rican, etc.)
OCCUPATION AND BUSINESS INDUSTRY OCCUPATION      BUSINESS/INDUSTRY		OCCUPATION AND BUSINESS INDUSTRY OCCUPATION      BUSINESS/INDUSTRY	
<b>OTHER REQUIRED INFORMATION (From original birth certificate)</b>		MOTHER'S RESIDENCE AS OF DATE IN ITEM 4 (STREET AND NUMBER)	
ATTENDANT'S NAME		(City, Town or Location, County, State, Zip)	
MAILING ADDRESS (Street, or R.F.D. No. City or Village, state, Zip)		PREGNANCY HISTORY (Complete each section) Previous pregnancies and adoptions by this mother. (NOTE-Include any older children and pregnancies terminated prior to the birth of this child.)	
<input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> C.N.M. <input type="checkbox"/> Other Midwife <input type="checkbox"/> Other (Specify Below)		LIVE BIRTHS (Do not include this child)	OTHER TERMINATIONS (Spontaneous and Induced)
REGISTRAR'S NAME		Now Living Number <input type="checkbox"/> None	Now dead Number <input type="checkbox"/> None
DATE FILED BY REGISTRAR (Month, Day, Year)		Before 20 weeks Number <input type="checkbox"/> None	20 weeks and after Number <input type="checkbox"/> None
DATE OF LAST LIVE BIRTH (Month, Year)		DATE OF LAST OTHER TERMINATION (Month, Year)	
PARENT'S PRESENT MAILING ADDRESS (Street and R.F.D. Number)		(City or Village) (State) (Zip Code)	
ATTORNEY'S PRESENT MAILING ADDRESS (Street and R.F.D. Number)		(City or Village) (State) (Zip Code)	

**CERTIFICATION**

**PROBATE COURT, CLARK COUNTY, OHIO**

I hereby certify that the child named above was adopted on \_\_\_\_\_ by \_\_\_\_\_ as set forth in the final decree of adoption,

Case No. \_\_\_\_\_

Date \_\_\_\_\_

Richard P. Carey, Probate Judge

By \_\_\_\_\_ Deputy Clerk